

THE MEDICAL EXAMINER.

DEVOTED TO MEDICINE, SURGERY AND THE COLLATERAL SCIENCES.

EDITED by J. B. BIDDLE, M. D. and M. CLYMER, M. D.

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DISEASES OF THE MUSCULAR OR FIBROUS SYSTEM.

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(Reported for the Medical Examiner.)

This system comprehends the muscles and their appendages or immediate connections, the tendons, fasciæ, aponeuroses, ligaments, and the sero-fibrous and muco-fibrous tissues.

The disease, with an account of which I shall commence, is

ARTHRITIS, OR GOUT.

Both of these terms are very objectionable, and were it practicable, should be repudiated. As it plainly imparts, from its derivation, arthritis means simply an inflammation of a joint, and in this general sense, without discrimination, was used till modern times. To a disease so pervading, and peculiarly liable to fluctuation—occupying in turn, every part of the system, the exterior as well as the interior, where there is any muscular or fibrous tissue, and presenting the most striking modifications, it is, indeed, utterly inapplicable. The other appellation has been still more unhappily selected. Derived from the Latin *gutta*, a drop, or perhaps more directly from the French, *goutte*, it was adopted during the prevalence of the false pathology, which supposed the disease to be owing to some acrid humour dropped in the joint, creative of the irritation or phlogosis. To compensate, however, for the meanness and vulgarity of this bad epithet, we have had applied to the subdivisions of the disease, a set of titles full of sound and dignity, coming immediately out of the classical fountain of the Greek. Thus, when in the foot, it is called *podagra*,—in the hand, *chiragra*—in the elbow, *onagra* or *pechyagra*—in the knee, *genagra*—in the clavicles, *cliesagra*—in the humerus, *omagra*—in the spine, *rachisagra*—in the teeth, *dentagra*—in the tendons, *tenontagra*, &c. Excepting *podagra*, which has been rendered familiar, and consecrated by long and general usage, it were mere pedantry to retain any other of these jaw-breakers.

Nosologists usually divide the disease into tonic and atonic, or regular and irregular, with some distinctions hereafter to be noticed.

The paroxysm of regular acute gout sometimes

comes on without any decisive warning. Twice I have seen it attack with the suddenness of an electric shock. In 1826, I was visiting a patient for supposed dyspepsia, who, in the act of putting on his coat, was seized with such poignant arthritic pain in the elbow, that he became excessively alarmed lest a dislocation had taken place.

Conversing sometime afterwards with a valetudinary lady, on her general health, she, without any previous admonition, screamed out from a similar affection of her foot.

We learn from Van Swieten, that he saw a robust man, so stricken with gout in descending from his coach, that he thought he had luxated his ankle, and Guilbert tells us, that, in the retreat of some French troops across a bridge, he witnessed an officer so violently assailed by the disease, that at once, all power of motion was lost. But usually it is announced by some preliminary indications of gastro-enteric disturbance.

Connected with a coated tongue, the appetite is diminished, or sometimes anormal, depraved, or craving, just before an attack; the stomach is vexed with acidities, flatulency, and other symptoms of indigestion, attended by a sense of weight and tension in the abdomen, costive, or occasionally disordered bowels, copious and pallid, though more generally very high coloured, and scanty urine, with, in some instances, an irritable bladder, or, as has been noticed, a blennorrhœal discharge, and an urgency of the venereal propensity. There are also yawning and stretching of the limbs, drowsiness, much lassitude and fatigue, itching of the skin, and, in short, a very pervading, and in some manner indescribable derangement of diverse functions.

Nor does the mind escape this distempered condition. Generally its operations are dull, confused, and inefficient; sometimes so much so, that it cannot be applied to any purpose of study or business. Not less, on other occasions, is the temper affected, being irritable, sour, petulant, or irascible; and I have seen the spirits depressed into moping melancholy, productive of the darkest views of life. For many years, I attended a friend, one of the most wealthy and substantial merchants of this city, who was always thus affected previously to an attack, conceiving every sort of disaster in his fortunes and reputation, which illusion it was vain to endeavour to dispel—though instantly on the disease fixing itself on a joint, his natural gai-

ety returned, with increased hilarity, like that of incipient inebriation. Frequently in this fine phrensy, did he exclaim to me, on entering his room, "I feel inspired, and am only fitted to write poetry!"

As more immediately prelusive of a paroxysm, an unusual coldness of the feet and legs, a suppression of perspiration in them, numbness, or a sense of pricking along the whole of both of the lower extremities, or cramps of the muscles, are to be remarked.

Commonly indisposed in some of the modes noticed, the individual goes to bed, and, after a few hours of disturbed sleep, is awakened by the severity of the pain, at first fluctuating, though oftener in some joint, and particularly that of the great toe, or in the heel, instep, or in the whole foot; which, becoming at length more violent, is succeeded by throbbing or gnawing in the part. This becomes inflamed, swollen, and intensely florid, the veins being turgid, and such exquisite tenderness exists, that the slightest pressure, even that of the bed clothes, cannot be borne, and any agitation of, or an attempt to move the limb, is productive of the extremest agony.

The local affection is not independent of constitutional participation. Chills or rigors, anticipatory, simultaneously, or subsequently take place, leading to fever. The degree of reaction, however, is very different; being sometimes moderate, while in other cases, it is very considerable, marked by a hard, strong, voluminous pulse, hot, dry surface, loaded tongue, more or less cerebral disturbance, the temper singularly worried, fractious and impatient, with excessive jactitation and inquietude. Towards morning, however, he usually falls asleep, and a gentle vapoury perspiration breaking out, abates the paroxysm. Yet it may be otherwise, or it shall continue unremittingly for an indefinite period. Even when most mitigated, there is not entire relief. During the day, there is still a considerable harassment, and towards evening, an exacerbation. It is this succession of paroxysms which constitutes what is familiarly called a fit of the gout. These, however, gradually prove milder, till the disease goes off, and frequently by critical discharges from the skin, kidneys or bowels, while at the same time, the edematous inflammation of the joint subsides, the cuticle partially desquamates, and excepting some itching, rigidity, and lameness, there is restoration to a state of health, very often even better than that preceding the attack. Many are the occasions indeed, where a regular fit of the gout has operated to disperse a series of the most diversified afflictions, so that its salutary tendency has become a very popular notion. That it may supplant other diseases is not improbable, though mostly, its beneficial effects are to be ascribed to the transposition of itself from the interior, where it had vexed and deranged various organs, to the exterior, fixing on some one or more joints, on which it wastes its force.

Entirely different is the result, however, when the metastasis is incomplete, or any degree of the original irritation within continues. The cure under such circumstances, necessarily partial, is followed by manifestations of lingering disorder of diverse structures, particularly of the alimentary

canal, the liver, and nervous system; and hence, indigestion, constipation, bile and other vitiated secretions, vertigo, depression of spirits, with general wretchedness, or violent head-ache or wandering pains throughout the body, which condition sometimes suddenly terminates in a stroke of apoplexy or palsy.

The duration of a fit of the gout will be longer or shorter, according to circumstances. Being the first attack, it seldom exceeds a few days, and on each repetition, the continuance is lengthened, till ultimately weeks elapse before convalescence is established. It may happen too, that after the disease has subsided in one joint, it seizes on some other, perhaps the opposite one, and to run the same lingering course.

An attack at first recurs generally at some distant interval, perhaps once in two or three years. It then comes on annually, or semi-annually, spring and fall, at length more frequently, and is of longer duration, each succeeding fit, till in some instances, there is scarcely any exemption from it, except, perhaps, in the middle of summer.

Degenerating ultimately into the chronic state, to which in its progress, it is prone, it varies materially from the acute form, as well in the constitutional as the local affections. Much pravity of system is exhibited, and especially of the primæ viæ, and biliary organs, in the shape of obstinate dyspepsia, torpid bowels, or occasional diarrhœa, the stools denoting a want of the bile—deficient, turbid, or loaded urine, or gravelly deposits—dry, harsh, sallow or dingy skin, petulant, morose, irresolute temper, and sometimes, confirmed hypochondriasm. Nor do the contents of the thoracic cavity escape. There are often very enduring irritations of the mucous membrane of the lungs, from simple bronchitis to asthma, or the most oppressive dyspnœa: no inconsiderable cardiac disorders, and hydropic effusions may take place.

Connected with this impaired or ruined state of the constitution, there is usually less acute suffering in the paroxysm. Moderate during the day, it is exacerbated at night, though even then more of a harassing ache, than positive pain, and the part is pale or purplish, rather than red, and with greater edema. The disease is very apt to fluctuate, transitions rapidly taking place. No great fever prevails, and it is more irritative than inflammatory. It is common for the joints to lose their strength and flexibility, and become so stiff sometimes, as to be deprived of motion.

Little indurated swellings may arise in the articulations of the fingers, to which Haygarth has applied the title of nodosities. Concretions of a chalky appearance are likewise formed upon the joints, and calculous affections occur from a deposit of the same kind of matter, the uvate of soda, in the kidneys or bladder, which though fluid at first, become dry and firm at last as a stone.

Gout selects as subjects of attack, and chiefly out of the aristocracy, men of robust frame, of full and corpulent habits, and of phlogistic diathesis. The physical constitution predisposing to it has been more minutely described as consisting in a large head, very capacious chest, gross and heavy body, soft, solid, full, distended veins, thick skin, and big bones. Numerous are the exceptions,

however, to this rule, and I have seen it in directly the reverse, or in the feeble and attenuated; very frequently in women, and once in a boy of thirteen years of age. The latter is denied by Sydenham, Heberden, and the writers very generally. On this point, the language of Hippocrates, which I take from the Latin version of his works, is very strong.

"Puer non laborat podagrâ, ante veneris usum."

It may be safely affirmed, that it is very seldom to be met with before the age of puberty, more generally commencing beyond the meridian of life, and in its regular forms, is chiefly restricted to the male sex. Eunuchs, according to Hippocrates, do not have it, which however is denied by Richter and some other modern authorities.

Gout is thought to be mainly an inheritance, the sins of the father being visited upon his children, to the third and fourth generations, and especially on those who neglect or despise the precepts of sobriety and temperance. It is, to use the language of a late writer, as regularly transmitted in this way from the parent to his progeny, in many instances, as any species of property. But it may also be acquired. Thus as Shakspeare has said of honours, some acquire gout, and some have gout thrust upon them. Come however as it may, even "with the boast of heraldry or pomp of power," it is a most unwelcome guest.

Nevertheless, the estimate of its hereditary nature seems not to be founded, to the extent commonly received. To this point, a diligent inquiry has been directed by Scudamore; the result of which is, that the hereditary exceed only about one-third the acquired cases.

As so large a portion of attacks may be generated, it is right that the causes producing the disease, should be pointed out with some particularity, and the more so, since by the avoidance of them, the origination, as well as the development of the disease, when hereditary, may at least, in some instances, be prevented.

Of these, by far the most prolific is an excess in eating and drinking, aided by sedentary habits. No drink seems to be so pernicious in this respect as wine. It is said, that while ardent spirits derange more directly the hepatic apparatus in various ways, wine has the effect of exciting the arthritic affections. But some wines do this more than others. An opinion is very generally entertained in Great Britain, and in which we mostly concur in this country, that claret and other light wines, are particularly pernicious. But the French, the Spaniards, the Italians, and the people of the north of Europe, who chiefly use such wines, are comparatively exempt from the disease; while in Britain, where they are much less consumed, it prevails, perhaps, more than in any section of the world.

That Port, the principal wine of the people of that country, is the most unwholesome of all wines, even in a state of purity, I have no doubt whatever, as well from its peculiar qualities, as from actual experience of its effects in those who use it freely. But factitious and adulterated as nearly the whole of it is confessedly in Britain, it must *a fortiori* prove exceedingly mischievous, and is probably one of the chief causes of the wide-spread prevalence there of arthritic affections.

The same contradictory statements prevail as to malt liquors. By some, as Sydenham, Van Swieten, Linnæus, &c., they are supposed to be rather preventive in their effects. Yet the preponderance of authority is on the other side; and certain it is, that the disease has augmented in England, since the common consumption of these beverages.

Of cider, the denunciation of its use is nearly universal in relation to gout. But here too, there are some opposing facts. Cider is the common drink of the people of New England, among whom the disease is of rare occurrence;—whereas, in the Southern states, it is far more general, though in place of this beverage, ardent spirits and Madeira wine are usually consumed.

More pernicious than any I have mentioned, is perhaps the habitual use of punch or lemonade, or any other drink prepared from citric acid. It may, perhaps, be safest to infer on the whole, that the abuse of any of these articles is, by disordering the digestive organs, productive in a greater or less degree of this disease.

Not less operative, in the same way, is an improper indulgence in eating. It is held by some of our highest authorities to be even more so, in the case of high-seasoned and stimulating food habitually taken, and which is sufficiently probable, when we advert to its ultimately debilitating and deranging effects on the stomach and its connections.

Of the dependence of gout on the habits of living, no stronger proof can probably be supplied, than from the annals of this city. Not longer ago than when I commenced my professional career, the disease abounded in the higher circles. Then it was the practice to drink punch in the forenoon, to continue it at dinner, or to resort to ardent or malt liquors, followed by a liberal use of diverse wines, closing the evening with substantial suppers and stimulating potations. But in this respect, within the last fifteen or twenty years, a signal change has taken place. No punch or distilled spirits, and comparatively little malt liquor has been consumed, and the custom of supping is nearly extinct. Temperance has superceded debauchery and excess, and gout thus deprived of its aliment, is fast perishing away. It is a fact, which my ample opportunities have enabled me to ascertain, that so late as the commencement of the present century, a hundred cases of the disease existed in this community, where one is now to be met with, and with few exceptions, these are the remnants of other days, serving as monuments of a state of society, of which there are scarcely any other traces to be recognised.

To the causes of gout must be added sedentary, indolent, or intensely studious habits.

It is well known, that in the common orders of life, the disease hardly exists, and infinitely less among the higher classes who pursue occupations of active industry. Neglect of the exercise of walking has particularly an effect. We are told, that the inhabitants of Edinburgh, who, from their wealth, or the location of their trade at Leith, the sea-port town, a mile or more distant, ride usually, are very liable to the disease;—while those of Glasgow, the practice of whom is different, are nearly exempt from it.

Men of great intellectual application and distinction, have been singularly prone to it, of which examples might be cited from the history of all ages.

Treating of this disease, Sydenham, who was a martyr to it, says—"But what is a consolation to me, and may be so to other *gouty* persons of small fortune and slender abilities, is, that kings, princes, generals, admirals, philosophers, and several other great men, have thus lived and died: in short, it may in a more especial manner be affirmed of this disease, that it destroys more rich than poor, more wise men than fools, and, which seems to demonstrate the justice and strict impartiality of Providence, who abundantly supplies those that want some of the conveniences of life, with other advantages, and tempers its profusion to others, with equal mixture of good and evil, so adapted to our weakness and perishable condition, as is perhaps admirably suited to the present state."

As concerned in the predisposition, it would seem that climate has some claims to be mentioned. The disease is rarer in the tropical and hyperborean, than the temperate regions, and especially where the latter are humid and austere. Much depends, undoubtedly, on the habits of the people, though, *ceteris paribus*, there is said to be a material difference. Certain it is, that in this city at least, the seasons of the most frequent occurrence of the disease, are early in the spring and late in the fall, when the weather is damp and chilly.

An hereditary or acquired tendency existing, the paroxysm may be excited by numerous circumstances, such as grief, vexation or any anxiety of mind, the indulgence of violent passions, particularly the rage of anger, which indeed is quaintly called by an old writer, "the midwife of gout," from its so frequently bringing it forth. To this may be added, inordinate venery, much fatigue, and the loss of sleep, exposure to cold, especially the feet, or compression of these by tight boots or shoes—or strains or contusion of a joint, the sudden change from a full to an extremely low diet, and above all, by particular articles of food or drink. The acescent, flatulent vegetables or fruits will sometimes induce an attack very promptly, and still more so, the sour beverages. Lemonade I have heard to do it in a few minutes; in one of my late friends, Mr. Francis, a simple glass of claret or champagne had the same effect; and another, the late General Robinson, informed me, that even the odour of cider, had often brought it on in him.

(To be continued.)

Lallemand's Operation for Aneurism by Anastomosis.

[Communicated by Dr. B. H. COATES.]

PHILADELPHIA, Feb. 20th, 1838.

Gentlemen:—

I have the pleasure of stating that my success with Professor Lallemand's operation for the cure of an erectile tumour, in the case of Mr. J. S—, appears to be complete. The prominence of the tumour has now nearly disappeared; the parts in the vicinity of the orifices are of a pale pink colour, while a band nearly as pale as the natural colour of the skin extends quite across the original

seat of disease, yielding the sensation of but little more hardness than the healthy parts. Hardening is still distinctly felt about the orifices, and thin scabs adhere to most of them. Mr. S. has subjected himself to many of the causes which formerly made the tumour enlarge itself, and which have produced that effect upon the other similar masses with which he is affected; but this has been without result as regards the one on which the operation was performed. I have no doubt that the disease is entirely cured; and am surprised at the rapidity with which, even in his young and healthy constitution, the whole hardened mass is disappearing.

The tumour selected for the first operation was about an inch in diameter, rounded, with slight irregular projections, protruding the skin to about a quarter of an inch, but not adhering to the skin, and leaving that integument of its natural colour. It was situated upon the back part of the arm, a little above the elbow. For several years it had rather increased in size. Eight needles were introduced, and the extremities cut off with a cutting forceps. Each needle was introduced in the manner of acupuncture, a little to the outside of the tumour, the points issuing upon the opposite side. On the sixth day, a slight erysipelas appeared; being the only material inconvenience experienced till that time from the irritation. As the space surrounding the two needles had suppured rather freely, these were withdrawn; a flax-seed poultice was applied. Next day the remaining needles were removed; and on the next, all dressings omitted, except a cushion to protect the part from injury.

I have several of these singular productions under my care; and intend, when the number of results is more considerable, to communicate an abstract of them to the public.

The operation above described, was performed in presence of Dr. Wm. H. Brinckle.

I am very respectfully, &c.

B. H. COATES.

Drs. Biddle and Clymer, Editors of the Examiner.

Remarks on Chilblain, by W. S. W. RUSCHENBERGER, M. D., Surgeon U. S. Navy, &c.

The term *pernio*, *kibe*, or *chilblain*, is applied to designate a peculiar condition of the soft parts, which differs in the kind of pain and in other particulars from ordinary inflammation. In the milder cases, there is scarcely any visible change in the part from its normal condition, but there is an itching pain which sometimes deprives the patient of sleep. To relieve it, he exposes the affected part to the air or immerses it in cold water, which assuages the itching, at least during the treatment. When the disease is more active, the part becomes mottled or dark coloured, and swells; the skin cracks or chaps, and ulceration takes place, which sometimes results very seriously.

Chilblains are most commonly seated in parts remote from the heart, where the circulation is neither active nor vigorous, as on the instep, the heel, the toes, the back of the hand, nose, ears, &c. They are caused by suddenly changing the temperature several degrees; a part exposed to a moderate degree of cold, say 32° to 35°F. for some

time, and then suddenly to a temperature considerably more elevated, say 75°F. would probably suffer from chilblain, but if the change be gradually brought about, no such phenomenon would take place. Long continued exposure to a moderate degree of cold, particularly if accompanied by moisture, will also cause chilblain. I have known the greater part of the crew of a sloop of war to be attacked with chilblains, from exposure to rainy, sleety weather for eight or ten days; but I do not recollect a case being reported until the temperature began to rise. A similar observation is made by Baron Larrey.

Intense cold causes another form of disease, denominated frostbite, which frequently occasions a loss of the toes, and sometimes even of the fingers.

In September, 1831, off Cape Horn, the crew of the U. S. Ship Falmouth suffered severely and generally from chilblains; and again, in the same region, in November, 1833; also a few cases occurred on board the U. S. Ship Peacock, off Cape Horn, in August, 1837. All those cases, where ulceration had not taken place, were entirely relieved by smearing the part with balsam copaibæ once or twice, and very few required more than a third application of the remedy.

Philadelphia, Feb. 20, 1838.

Fracture of the Skull—with Compression of the Brain, successfully treated. By S. STONES, M. D., of Philadelphia.

I was called to see a coloured boy 18 months old, who had been struck on the head a little above the right ear by an oyster shell. I requested my friend Dr. J. K. Mitchell, to visit the patient with me. On examining the wound, a portion of the shell was found to be very firmly wedged in the bone, producing pressure on the brain, indicated by the usual symptoms.

A portion of the bone, including the shell, was removed by Dr. Mitchell by the Trephine; the dura mater was perfectly sound, very little blood was lost before or during the operation. Towards the close of the operation, a violent convulsion occurred, succeeded by another after an interval of about twenty minutes. The wound was dressed with adhesive strips, and a soft poultice covered the whole, an injection of Lac Assaf. was also directed.

There was no secondary hemorrhage. The patient continued doing well, and in three weeks the wound was entirely healed.

The result of this case is remarkable, when we take into consideration the numerous obstacles tending to retard its progress. Living in a filthy and impoverished home, deprived by day of parental care, the difficulty of keeping the dressings on the wound; (the child tearing them off almost as soon as applied) are alone circumstances calculated to discourage the faintest hopes of a favourable result.

The patient has a vigorous constitution, and has been, almost from its birth, accustomed to hard usage; the greatest part of the day running about the street, exposed to the weather, barefoot, and with scarcely clothing sufficient to conceal nakedness.

To these latter circumstances, may, I think, be mainly attributed the success of the case.

BIBLIOGRAPHICAL NOTICE.

INSTITUTES OF SURGERY: Arranged in the order of the Lectures delivered in the University of Edinburgh. By SIR CHARLES BELL, K. G. H. F. R. SS. L. & E. Professor of Surgery, &c, &c. &c. In two volumes; vol. 1, 12mo. pp. 353. Edinburgh, 1838.

We expected much from this volume, and we must confess that we have been proportionably disappointed. We anticipated, and we think had almost a right to look for, a complete treatise on the institutes and practice of surgery, embodying the views of the gifted author on all the various subjects connected with his science, and announcing likewise the results of a long and well-tryed experience. From the acknowledged abilities and unlimited opportunities of Sir Charles Bell, as well as from the enviable and merited station which he has so long occupied in the view of the surgical world, both as a teacher and practitioner, the profession had strong claims upon him for the production of a work which they might hereafter regard as standard, and refer to with pride and satisfaction, and of such a nature we imagined finding the present undertaking. It is with deep and unaffected regret that candour obliges us to own that the results fall lamentably short of the expectations so reasonably entertained, and that this book is little more than the mere outlines of the lectures delivered at the medical school of Edinburgh. We are the more surprised at this abortion, as in the preface the writer gives us his notions of what he thinks requisite to constitute a good practical surgical treatise, and which are so excellent and just, that few, we suspect, would be disposed to gainsay them.

Throughout the volume before us, the reader will discover many precepts of direct and indisputable utility, marked by justness and sobriety of thought, mingled with much which is of an ambiguous tendency and questionable value. We were prepared for a repetition of old prejudices, and assertions of doubtful utility and worth, clothed in peculiar and characteristic diction, yet many of the doctrines and opinions proclaimed, have startled us from their novelty, vagueness, and inaccuracy, as much as they have offended us by their exclusiveness and dogmatism.

The style is in general forcible, and perhaps rather attractive, but is often abrupt, harsh and inelegant, if not at times positively incorrect.

In his animadversions upon continental surgeons and practice, the author strikes us as one who is more sincere than gentle, and whose frankness and

sense of honesty exceed vastly his courtesy and good humour.

What we conceive to be a flagrant and prominent imperfection in this work is, the unpardonable omission of any pathological remarks, reducing it in a great measure to a mere dresser's manual, abounding with rules of routine practice, a certain method of encouraging empiricism, and degrading the science to the level of a mechanical art. The only certain foundation of the therapeutic edifice is a correct knowledge of physiology and pathology—an intimate acquaintance with the functions in a healthy and diseased condition, of their natural as well as their perverted action. Since the morbid anatomy of the internal organs has attracted attention and been prosecuted with becoming ardor and precision, the strides of medicine to more satisfactory curative means have been signal and prodigious, and until external diseases are subjected to the same investigation, the *operator* will, we fear, invariably rank the *surgeon*. Of such vital importance did the late Baron Dupuytren deem surgical pathology, that he bequeathed 300,000 francs for the foundation of a chair of it in the Faculty of Medicine.

This defect strikes us very forcibly in Chapter X, on *Tetanus*, in which the reader will scarcely credit that not one word is said regarding the implication of the nervous system in this formidable affection. Our author thus summarily dismisses that part of his subject: "What produces these terrible symptoms we hardly know. * * * Further we know nothing of the nature of this complaint." p. 84. It may not be out of place to notice here also his comment on the treatment of this disease. "I fear that it is only in the milder forms of the disease that authors have boasted of their success." p. 85. With so crude and imperfect views of the nature of tetanus we are not surprised at the want of individual success which he so candidly acknowledges. In this city, one of our practitioners at least, has been more fortunate in this affection, and his cases were certainly not of very benign aspect. We think that Sir C. Bell might have advantageously consulted the 31st number of the American Journal of the Medical Sciences, p. 24, where he would have found a report of the happy issue of a case of traumatic tetanus, of by no means of "mild form." The same curative means, we may add, have been since repeated with entire success in three other instances.

Of such expressions as the following, we are at a loss to discover the humour any more than the delicacy. Speaking at p. 316, of an instance of congenital imperfect prepuce he adds, "I cut it up with the

point of the bistoury, and the little man ***** and laughed!"

We regret that our limits preclude us from substantiating by any extended analysis, or copious extracts, the opinion that a sense of duty has compelled us to express of this volume, and from an impartial performance of which we have not been deterred by a personal predilection for the author (which we confess to be strong,) or been restrained by the undue influence of a name. - If we have been mistaken in our estimate of Sir Charles Bell's labours, we trust that candour and an earnest desire to uphold and maintain the dignity of surgery, will render venial the fault. We recommend to the profession a perusal of the work, for independent of the omissions and defects, they will find much to amuse as well as to instruct.

Our space will not permit us to do more than cursorily indicate the principal divisions and the headings of the several chapters.

To the first volume is prefixed an introductory chapter on the "Course of Study," which contains much excellent and sensible advice to the surgical student, and exhibits considerable fairness in the appreciations of the abilities of the native contemporaries of the author. There are three grand or principal divisions. 1. The General Principles and External injuries; under this head are included Inflammation, and what are commonly, though inaccurately we conceive, named its terminations; wounds; the various affections and lesions of the bones and joints; and injuries to the head. Division 2. Diseases of the Natural Passages, and the operations performed for their relief. The 22nd chapter, which treats of the diseases of the urethra, is unquestionably more valuable than anything in the work, and is distinguished by clearness of views and soundness of practice. The 3d, and concluding division, treats of the great operations.

THE
MEDICAL EXAMINER.
PHILADELPHIA.

Wednesday, February 28, 1838.

Our readers, we presume, understand our position in relation to the clinical lectures furnished in our columns. We of course endorse no opinions expressed therein. We have undertaken to present "reports of clinical lectures delivered in the hospitals of Philadelphia;" but with the lecturers remains the responsibility of whatever they have said. Gross personalities we can never admit: we will not consent to be made the means of gratifying

individual malice, or to become the organs of private griefs. Remarks, too, uttered in the warmth of an extemporaneous discourse, that we think may be provocative of professional bickerings, it is our desire to omit. On this point, however, we can only advise and consult with the lecturer himself. If he adhere, after reflection, to what he has orally delivered, and disagree with us as to the impropriety of giving it publicity, a sense of editorial independence will not permit us to exclude it. But we disclaim any further identity with our clinical lectures, than such as reports of legislative proceedings attach to a political journal.

FOREIGN CORRESPONDENCE.

PARIS, 25th Dec. 1837.

* * * On Wednesday, the 29th November, whilst going around the wards, a woman presented herself to M. Cazeau, at the Clinique of the Faculty. She was about four feet in height, aged twenty five, and so much deformed that it was determined instantly to make an examination. She was then in labour, and with her first child. M. Cazeau conducted her into a private apartment, where three or four of us only were admitted. We all examined her thoroughly, and came at once to the conclusion that it was impossible for the child to be delivered in the natural way. As had been surmised, the deformity involved the pelvis. The antero-posterior diameter did not exceed two inches. The child was alive, for I heard, (as all who were present did) the beating of the heart most distinctly.

A consultation having been called, some proposed the division of the symphysis pubis, and others the Cæsarean operation. The last was determined on, but, instead of its being undertaken immediately, they postponed it until the next morning at half past eight.

At the appointed hour the woman was brought into the amphitheatre. She was so much changed, and had sunk so low during the night, (for she had been thirty-six hours in labour,) that, had it not been for her deformity, I should not have recognized her. There were many surgeons and students present, and the operation was performed by M. Moreau, assisted by M. M. Merrel, Cazeau, and Dupol. The room was so much crowded that I could not get near enough to see very well, but the operation was described to me and seems to have been well enough performed. The child was either dead when removed, or died a minute or two after, almost necessarily from the length of time the mother was in labour. On the night following the day on which the operation was per-

formed, (the night of the 30th,) *the mother also died.*

Far be it from me to censure the conduct of men who hold so high a rank in the profession, and although the result might not have been more favourable, still I cannot help thinking that the chances of recovery would have been much greater had the operation been performed earlier instead of waiting until a healthy woman, with apparently a good constitution, was reduced to so low a state as almost to preclude the possibility of its being attended with success.

Dr. Mott of New York, is still here, and has a good practice. * * * I have seen Dr. Warren, of Boston, also, who attends the hospitals as regularly as any of us. He leaves in a day or two for Italy.

CLINICAL LECTURES.

PENNSYLVANIA HOSPITAL.

STRICTURE OF THE RECTUM.

Wednesday, February 21st.—DR. HARRIS commenced as follows: I propose, gentlemen, to offer some remarks this morning on strictures of the rectum, and will afterwards introduce a patient affected with this distressing disease.

Properly to understand the nature and treatment of this complaint, it is important that the surgeon should possess an accurate knowledge of the anatomy of the part involved.

The rectum commences at the sigmoid flexure of the colon, on the left side of the sacro-vertebral articulation, and descends obliquely to the right, in front of the sacrum, and accommodates itself to the curvature of this bone. It proceeds downwards under the prostate gland in the male, and the vagina in the female, where it is surrounded by cellular tissue, and terminates in the anus. Its various curvatures and folds should be held in recollection by the operator.

Stricture of the rectum, as in all other hollow tubes, is the result of irritation of this bowel. This may be from active purgation, stimulating injections, mechanical injuries inflicted on the intestine in difficult labours, ending in inflammation and thickening of the mucous and cellular coats. These strictures not unfrequently follow dysentery: I have seen three cases of stricture follow this disease.

This altered condition and thickening of the canal may occur at any point in the rectum, from the sigmoid flexure of the colon to the anus. In a majority of instances, however, it is found within three or four inches of the inferior part, but, in a case which I had under my care last summer, the morbid induration occupied three inches of the upper portion of the bowel. The disease had existed for seventeen years, and the caliber of the intestine was so contracted, as barely to admit a common sized urethra bougie. The induration in this case was so firm and unyielding, as to require

three months completely to remove it. It was connected also with a stricture of the membranous part of the urethra. Bell, Copeland, White, Salmon, and others have recorded similar cases.

It is sometimes complicated with fistula in ano. In such cases, the internal aperture is immediately above the stricture. This is caused by the irritating substances, which lodge above the narrowed canal, causing inflammation and ulceration, which destroy the coats of the bowel at that point. The contents of the intestines may escape through the perforation and become extravasated into the cellular texture, which causes active inflammation, terminating in abscess. I was consulted about two years ago by Mr. W. of Union street, whose rectum was in this condition. The fistulous opening into the rectum was nearly an inch in diameter, so that when he had a fluid discharge from the bowels, (for he could have nothing else,) one half of it passed through the fistula, and the remainder through the natural channel. In females, ulceration from the same cause, may produce a perforation into the vagina.

The symptoms of stricture of the rectum, consist first of irregularity of the bowels, evacuations deficient in quantity, sometimes discharged in pellets, or flattened like tape; the bowels are costive; pain is felt in the diseased part, or about the anus, and occasional pains are felt in the loins, extending to the hips and thighs. As the disease becomes more aggravated, costiveness increases, to remedy which, under a supposition that his bowels are lethargic, the patient resorts constantly to purgatives. Those aperients which most successfully liquify the contents of the bowels, afford the most prompt relief. This condition of the rectum will sometimes continue for months and years. At last, this temporary treatment ceases to afford any permanent benefit.

After going to stool, the sensation is, as if the lower bowels were still distended, the disposition to go to stool continuing; the patient endeavours to force out the accumulated matter, but so ineffectually, that little except blood is discharged. When the stricture is near the anus, the efforts will sometimes produce a prolapsed state of the bowel. Days will frequently pass without any evacuation, though the patient is continually annoyed by the most painful and ineffectual efforts. This confined state of the bowels is sometimes alternated with painful colicky diarrhoea.

Large accumulations of gas and faecal matter distend the colon enormously, which is often followed by inflammation, and not unfrequently death. In less violent cases, the functions of the stomach become impaired; the bladder is affected with either retention or incontinence of urine, the kidneys secrete a fluid of a high colour, and of an offensive odour.

In the advanced stage of this disease the feet and legs are cold and cramped, accompanied by heat, fulness, and pain in the head; particularly in the occipital portion of it. These symptoms are supposed to arise from the distended bowels pressing on the aorta, thus partially obstructing the flow of the blood to the lower extremities, and necessarily throwing an increased quantity to the head.

The nature of this disease being often misunderstood, it is neglected, until the aggravated symptoms supervene. The patient is treated with aperients, until repeated alarming attacks convince him of his error.

The treatment of stricture of the rectum consists first, in allaying the inflammation of the part affected, by means of leeches to the anus, and cups to the perineum and loins, by a regulated diet, and by frequent injections of tepid water. In addition to the injections, mild aperient medicines should be daily exhibited. The following compound, taken in the evening, and followed by a warm water injection in the morning, will commonly produce an evacuation without irritation. The water should be retained in the bowels for the space of twenty minutes or more, in order that it may dissolve the hardened fecal matter. The following is the electuary to which I have alluded:

R Confectionis Sennæ, ℥i
Sulphuris Præcipitati, ℥iii
Olei Juniperi, gtt. vi
m.

Of this take a tea spoonful every night.

While these general remedies palliate the symptoms, still we are to rely on the skilful use of bougies to accomplish a cure. It is highly important to have these instruments properly constructed. They should be made of such materials, that they may be readily adapted to the form of the rectum, otherwise serious injury may be inflicted on the diseased organ. The instrument which I have commonly used is made of waxed linen, and in the same way that the urethra bougie is formed. Salmon recommends that fine linen should be thickly coated with bees-wax, melted down with a small quantity of diachylon, and lamp-black. A piece of linen tape should be wrapped up in the cloth, extending more than half the distance of the instrument, and so arranged as to form a loop at its large end.

The largest sized bougie commonly used is about three inches in circumference, and the smallest about one inch. The two extremes should be divided into ten sizes, forming on the whole an increase from one to twelve. The length of the bougie must depend on the height of the patient. Where he is of the medium size, say five feet ten inches, the bougie should be about eleven inches. Mr. Evans, at the corner of Third and Spruce streets, makes them of the best form.

The flexible metallic and gum elastic bougies are by no means adapted to strictures, located at a distance from the anus. It is impossible properly to accommodate them to the varied curves of the rectum. In the hands of the experienced surgeon, they are inferior to wax bougies; in those of the inexperienced, they are highly dangerous.

An hour before you propose to introduce the bougie, an injection of a wine glass of flaxseed tea, with fifty or sixty drops of laudanum should be administered. The patient should be directed to pass off his urine, and then, if a male, to lean over a table, bend forward, separate the nates, and thus fairly expose the orifice of the bowel.

A full sized bougie, softened by immersion in warm water, well oiled, and shaped so as to conform to the curvatures of the intestine, is to be in-

roduced, with the concavity of the instrument towards the sacrum. After it passes two and a half or three inches, the point of the instrument will bear on the hollow of the sacrum. In order to facilitate the passage of the instrument, we now change its position, by describing the segment of a circle by which the end of the instrument is brought forward, and, by the application of a gradual and moderate force, it is advanced to the upper part of the rectum. By depressing the but-end of the instrument, and propelling it onward, it enters the sigmoid flexure, and is fairly within the sphincter ani. While the instrument is passing, the patient frequently complains of cramps in the thighs, and pain in the region of the umbilicus. When the instrument meets an obstruction, pressure for a few minutes is to be maintained, and, if this pressure produces an aggravation of pain, without advancing, it is to be withdrawn, and a smaller size introduced, with the same precautions. If this should fail also, a smaller and smaller must be employed, until it enters, without much pain, the whole extent of gut into the sigmoid flexure. Unless the bougie has reached this point, it will recoil as soon as the pressure of the fingers is removed.

The instrument should remain within the stricture from ten minutes to half an hour, according to the irritability of the part. When the bougie is removed, it should harden into the form which it possessed when withdrawn. This will be of service in the subsequent introductions, as it will form a model for the shape of the other instruments, which may be used during the curative process. During the first introductions, a strong desire will be awakened to go to stool, which, however, is not felt in subsequent operations. Copeland, White, and others recommend the daily introduction of the bougie until a cure is accomplished. In a majority of cases, this frequency produces too much pain and irritation. My own experience has taught me, that from two to five days is as often as the patient can endure the bougie with advantage. The same sized instrument should be used two or three times, before we should resort to a larger one. It is difficult, it is true, to establish rules in such cases, as the surgeon must be governed by the extent and nature of the contraction, and the irritability of the diseased part.

The bougie acts on the principle of pressure, and thus causes an absorption of the altered and indurated structure. If the pressure can be sustained for several hours at a time, without giving rise to irritation, the sooner will the cure be affected. When, however, it does provoke inflammation, mischief, instead of benefit, results. The rule then should be, not to repeat the use of the bougie so long as the irritating effects of a previous operation, have not subsided.

After the introduction of the bougie, severe cramps of the lower extremities will sometimes occur, accompanied by rigors, and sickness of the stomach. When the instrument is forced into the sigmoid flexure of the colon, and while it remains there, pains are sometimes felt, resembling those which are experienced from medicine. After a few introductions of the bougie, these symptoms will cease to occur. When the instrument is withdrawn, the patient will sometimes discharge a large quan-

tity of a jelly-like substance, possessing an odour extremely offensive.

It has been remarked, that, during the process of treatment, patients are very liable to be affected with catarrh. This circumstance has been particularly noticed in several excellent monographs on this disease.

In many instances, the bowels have their regular evacuations even before the stricture is entirely removed. In other instances, they remain a long time inactive, and require the frequent use of mild aperients or injections.

The use of the bougie should be continued until the stricture is enlarged to the natural size of the intestine, and it should be afterwards occasionally introduced, at distant intervals, for at least a year. Before the surgeon relinquishes his attentions to the case, he should teach the patient to use the bougie himself, and thus place any subsequent contraction under his own management.

The division of the stricture by cutting instruments, or the destruction of it by caustic, has been frequently recommended. As there is more or less danger incurred by these methods, they should be abandoned, and the milder and more effectual plan already indicated should be adopted. There is no case requiring the knife, except when stricture is complicated with fistula in ano. Under such circumstances, the intervening solid parts, including the stricture, must be divided.

[The patient was now placed in a proper position, and the second sized instrument was introduced, with some difficulty, into the sigmoid flexure. The stricture in this case was located about three inches above the anus. The patient complained of some sickness, with spasms about the umbilicus.

Dr. Harris introduced a second patient with incomplete fistula in ano, on whom he operated in the usual manner.]

PHILADELPHIA HOSPITAL.

NEURALGIA.

(Concluded from page 70.)

Saturday, January 27th.—(DR. JACKSON continued.) I shall now mention briefly to you the causes of neuralgia. These are of various characters. Temperament has a decided influence; a nervous, or a nervo-sanguine temperament particularly predisposes to this form of disease. A sedentary mode of life is very often a cause of neuralgia, perhaps from the disorders induced in the digestive function. Particular habits of diet give origin to it. A poor diet, debilitating the individual, and impoverishing the blood of its red-globules and colouring matter, is a common cause of this affection. An abstinence from generous wine and stimulating liquors, where these are demanded by the enfeebled state of the digestive forces, may be mentioned also as predisposing causes. Previous attacks of disease, leaving the patient in a feeble and weakened condition, or in which the nervous organs have suffered, very often are succeeded by intractable neuralgias. This is especially the case with intermittent fevers; so common indeed is neuralgia after that affection, that McCullough in his work on Malaria, regards the

two diseases as identical. All neuralgic affections, he asserts, are concealed intermittents. This, I think, is too exclusive; it is pushing a favourite notion to too great an extent. The influence of malaria in the production of neuralgia is undoubted. We continually meet cases of neuralgia in persons who live in malarial districts, and in those who have suffered from intermittent fever, and it often assumes the intermittent type so completely as to identify the two diseases. But to say that neuralgia in all its forms is always caused by malaria, seems to me entirely too exclusive a doctrine. The predisposing causes of this disease are innumerable; whatever indeed tends to weaken down the forces of the individual, exhaust or impoverish the circulating fluid, and impair or vitiate nutrition, predisposes to this variety of disease. The proximate cause belongs to the nervous organs of sensibility, and consists in the morbid production, or perversion of this functional agent. The predisposing causes, however diversified, appear to have this termination.

When this condition of sensibility is once produced, the exciting causes of an attack may consist in any thing that may make an unusual and decided impression on the system, disturbing thereby the state of the economy, or deranging its functions. Hence it is that the exciting causes are most diversified in character.

The weather, sudden alternations of heat and cold, electric changes of the atmosphere, northeasterly winds, in this country are often productive of attacks. They are induced, too, by loss of rest; prolonged exertion of mind and body; disturbing moral and mental emotions; anxiety and distress of mind. Indigestible food, acid wines or drinks, acid generally in the stomach from indigestion, and constipation of the bowels are among the most frequent excitants of an attack. Indurated fecal matter, or even a lodgment of fecal matter in the rectum for a few hours, is sufficient to excite neuralgic pains. It is in such cases necessary to observe the greatest vigilance in this respect, and to obtain one or two movements daily. This is exemplified in my own case. If the bowels are sluggish, every morning I wake with neuralgic pains of the lower extremities, which pass off as soon as a movement has taken place. When the exciting cause is in the rectum, the lower extremities are the parts in which neuralgia is developed. When disorder of the stomach, or upper bowels, give origin to the paroxysm, it is the chest, head, or abdomen in which the pain is seated.

In females a most common exciting cause is uterine disorders, as prolapsus, inflammation of the neck of the womb, and more particularly dysmenorrhœa. It is a difficult point to determine in many cases, whether this latter affection is not neuralgia itself, the uterus being the seat of the neuralgic pain, and affected primarily. I have repeatedly known cases where the health has been unimpaired until the time for the appearance of the catamenia, when a general affection was developed, preceded by local uterine suffering. I am now attending a case of this kind. The patient has been suffering under the various forms of neuralgia for the last ten years. They commenced with dysmenorrhœa. She has been treated

for hepatic, and other supposed diseases ineffectually, the true character of the disorder having been overlooked, until the constitution is completely broken down. In many instances the nervous disorder is not confined to the production of neuralgia, but a general neuropathy is induced, every function of the nervous apparatus, cerebrospinal and ganglionic becoming involved.

A lady from Virginia some years past was a patient of mine, in whom this universal neuropathy occurred. She suffered with neuralgic pains rapidly travelling throughout her frame. The muscular system was tormented with irregular spasmodic contractions, by which her body and limbs would be fixed for hours in distorted postures the most painful. The stomach, bowels, muscles of the pharynx and larynx, and the heart were frequently attacked with spasm. She had hallucination and perversion of the senses—double consciousness, two minds, as it were, alternately acting. The internal organs were equally disordered. The stomach did not digest, the bowels were constipated, the urine sometimes was suppressed, and vicariously discharged from the rectum. This case yielded after some months on the restoration of the uterine functions. There are constantly existing in this city similar cases amongst young females, some almost I have known quite rivalling the above in the intensity and variety of the nervous disorders, and connected more or less with derangement of the uterus.

I might occupy your time by enumerating a vast variety of causes; but this would be unnecessary. It may briefly be said, that whatever will produce any uncommon sensation or impression on any of the organs, may prove an exciting cause of an attack of neuralgia in those predisposed to the disease. We are not then to look at the exciting cause, or to the organ in which its action is developed as the seat of the disease, but we are to direct our attention to the nervous centres of sensibility as the proper seat of neuralgia, the excessive or perverted functions of which we are to rectify.

The treatment of this affection will now occupy our attention. In functional neuralgia whatever tends to diminish the quantity and quality of the blood, predisposes to the disease. There appears to exist a sort of antagonism between nervous activity, and the quantity of plastic material, red globules, and colouring matter in the blood. The nervous and sanguine systems appear to balance each other. When the blood becomes impoverished, when there exists a want of a sufficient quantity of red globules, we are, I told you, as a consequence of this anemic condition, very apt to have neuralgia developed. This is not a necessary consequence of this condition of the blood; it does not invariably happen. Whatever then tends to weaken the system, and impair the nutritive function, as antiphlogistic treatment, is improper in this disease. The drastic purgatives are exceedingly pernicious, and very often bring on an attack. The quack pills, which are generally of a violent drastic character, very often do this. I had a young lady under my charge some time since, who being constipated had recourse to Morrison's pills. They relieved her, and she was so much pleased with them that she continued on their use, increasing

the quantity as indicated in the directions. The consequence was a violent cholera morbus, which left her in a prostrated condition; the digestive functions became impaired, and general neuralgia attacked her soon afterwards, from which she recovered only after three years of every variety of suffering. After the prevalence of the cholera in this city, neuralgia, especially of the internal organs, was very common, and serious mistakes were often made in the treatment. Since that epoch, it appears to me that neuralgic diseases have increased greatly. In your treatment of neuralgia, the antiphlogistic and debilitating treatment is to be employed with great reserve, and only when some spinal irritation exists. Our main reliance must be placed on the tonics, and on an alterative treatment. These remedies are to be conjoined with the narcotic and sudorifics; these last articles will aid materially the treatment. Whenever warmth, softness and moisture of the skin is produced, the disease is mitigated. The objects to be aimed at in the treatment are to invigorate the system and expend and equalize nervous excitement by producing a movement of diffusion—of expansion by diffusibles and sudorifics. The case of the lady which I have just mentioned, apparently of so desperate a character, got well under this method of treatment. To the remedial means calculated to accomplish this irradiation to the surface, must be conjoined good diet, and the tonics. This unfortunately cannot always be done. The digestive forces are sometimes so completely suspended that we cannot resort to these measures. This is particularly the case with the internal neuralgias, and those cases of general neuropathy. A patient whom I am now attending, presents this difficulty. There is total absence of appetite, even disgust for food, and when it is taken, it invariably disagrees with the stomach. Patients in this form of the disease will pass whole days taking no other aliment than water and some bread. This state will continue for months, and I have known it in two cases to last for two years. What is extraordinary is, that emaciation does not take place under this abstinence. On the contrary, the embonpoint continues as perfect as in health.

In regulating the diet, we should be especially careful to prevent our neuralgic patients from indulging in those stimulants, which, while they excite the nervous system, do not afford any nutrition, such as coffee, tea, &c. &c. A rigid abstinence from such articles should be observed.

The bowels should be kept in a soluble state, but active purging I have never found useful. Drastics often occasion severe pain in the bowels, and render the pain of the back and other organs worse.

We are repeatedly called upon during an attack to relieve the sufferings the patient is enduring. The narcotics are in the first rank of remedies for the palliative treatment. The use of opium is I believe injurious, and should not be resorted to except in very violent cases. This narcotic deranges more than any of the others the digestive functions, and we have very serious consequences resulting from its constant employment. I much prefer belladonna, aconite and veratria.

If we were to credit the accounts which are given by Turnbull of the efficacy of this latter article, neuralgia would cease to be any longer an object

of dread or reproach to the practitioner. We should possess a remedy which would soon dissipate every vestige of the disease. Unhappily, experience does not realise our expectations. I have tried it repeatedly, and have been much disappointed with it. I do not think that it relieves more than three or four times in twelve. This article appears to exercise some specific influence over sensibility. It diminishes to a certain extent sensation; it paralyses, as it were, the sensibility of the part to which it is applied; its application produces very much the sensation which we experience in a limb said to be asleep. It certainly does in neuralgic paroxysms cause a diminution of pain. In the neuralgia about the eye and face, depending on a branch of the fifth pair of nerves, I have, I think, seen it more frequently beneficial than in neuralgia of the extremity. Where the pain is fixed and violent, in no one case have I seen the least advantage result from its employment. In my own case, which is wandering neuralgia, I have repeatedly used it, but without the slightest utility. In one case under my care, I derived much benefit from it. Here, along with general neuropathy, neuralgic pains were severe. The integuments of the back were so sensitive, that I could not touch it with my finger, and I was thus precluded from the employment of counter irritation. An ointment of veratria and laurel oil, applied on the back with a feather, gave entire relief to this system. I was then enabled to insert a seton, and employ moxas. The manner in which I use veratria, is to mix it up with laurel oil, with which it incorporates very readily, and forms with it a soft unguent. It is generally combined with simple cerate, but this medium prevents to a certain extent the action of the veratria. It may be administered internally in the form of a pill, in the dose of one-eighth of a grain. From its internal use I have derived advantage, in treating the internal neuralgias when limited in extent. You must be careful in the internal administration of this remedy. It is very active. You must watch your patient closely, or you may have irritation of the stomach and bowels brought on, or a cholera morbus induced. The first symptoms of diarrhœa, heat in the stomach and indigestion, must warn you to desist.

I place great confidence in belladonna and in aconite. This last article has been lately highly recommended in Europe. These may be administered alone, or, what I prefer, is to give them in combination united with some tonic, as the extract of gentian.

The tonics have been also much extolled. When there exists an anemic condition—a deficiency of red blood—the chalybeates are undoubtedly the most efficacious means. When these were first proposed, the most extravagant praise was lavished on them. Hutchinson, who was the first to recommend the carbonate of iron in neuralgia, published a number of very miraculous cures effected by it. In this country it has been found only of limited utility. I have known it to be taken in as large a quantity as a pound a day ineffectually. This was in the case of a gentleman who had facial neuralgia. The superior maxillary branch of the fifth pair of nerves was affected. The pain

was shooting or darting, returning every three to five minutes. He was almost in a state of distraction from his suffering. He took the iron at first in large quantities, but obtaining no relief, he procured a pound, mixed it up with some molasses and took the whole off in the course of twenty-four hours. No good result followed. For myself, I have been much disappointed with the chalybeates, except in those cases which I have indicated depending upon anemia. By improving the quality of the blood, the nervous disorder subsides. In all other cases, they have been useless.

Quinia, I consider a remedy of great value. In the intermittent neuralgia, it is the only one on which we can rely with any certainty, and in that form of the disease, it rarely fails. I always combine with it sulphate of morphia. It must, however, be pushed to a considerable extent, if we anticipate a favourable issue. This, though, sometimes cannot be done with safety, the condition of the internal organs forbids its employment. In the case I mentioned, where an enormous quantity of the carbonate of iron was taken without effect, quinia proved successful. It was given in doses of from grs. x to grs. xv several times a day.

Where you suspect the spine to be the primary seat of the affection, you must direct your attention to it. If you rely on the statements made by Tate, Teale and others, you would be led to believe that pain from pressure on the spine existed invariably in all neuralgic affections. This is far from being the case. It requires a particular condition of the spinal meninges for pain or pressure along the vertebræ to be produced. Nor is the absence of pain a proof of the non-existence of the disease. In such cases, where the patient is of a sanguine temperament, you may employ local depletion with advantage, as cups or leeches along the spine. On the contrary, where anemia exists, you must be cautious how you detract blood by any means.

The use of counter-irritants have been recommended, and much utility will result from their employment. Of the counter-irritants, the tartar emetic ointment has been highly praised. Let me caution you how you employ it. It is very apt to prove excessively painful to the patient, and, in consequence, often aggravates the symptoms. Pain is a direct excitant of the nervous centres, the seat of the disease. I am convinced, that whatever application occasions prolonged suffering in neuralgia, is injurious. The application I prefer, is a liniment composed of croton oil, turpentine, oil of cinnamon, and sweet oil. The use of this is often followed by the happiest results. Its application causes inflammation, accompanied with a pimply eruption along the back, and seldom causes painful feelings.

In the extensive and violent cases recorded, where the neuralgia is general, occupying all the organs, persistent counter-irritants along the spine are then the most effective means to be resorted to. Setons, I think, are to be preferred. No advantage is obtained until they cause profuse supuration. Two or three are to be inserted in the course of the spine.

I have employed the moxas very often. In the lady from Virginia, I must have used upwards of

three hundred moxas at various times. They were applied three times a day for some months. I seldom carrying the moxas to the extent of producing deep eschars; a slight vesication is all I seek to produce, together with external rubefaction by passing the incandescent cone over a considerable surface, holding it a short distance from the surface. Acupuncturation, among other local remedies, has been resorted to. Its effects are not constant. In neuralgia about the eye, I have known it to relieve the patient more frequently than in any other form of the disease. In the fixed, deep-seated pain of the spine, it does not impart relief. Dr. Mitchell informs me that by inserting short gold pins along the spine, and permitting them to remain permanent for some days, that he has succeeded in procuring relief. I have tried this plan in very severe and intractable cases, but it did not succeed as I had anticipated. Some years ago, I relieved a case of internal neuralgia that had resisted all treatment for upwards of a year, by acupuncturation. The pain was seated in the cardiac region. I inserted a needle of sufficient length to penetrate into the thorax. The relief was immediate, and, after repeated insertions, the pain finally ceased.

Acupuncturation cannot, however, be relied on with any certainty, the relief it affords being rarely permanent.

Galvanism has been much extolled, and has become quite an empirical remedy. I have employed this agent extensively, but in neuralgic disease cannot speak of it in confident terms. There are some nervous affections—a limited range—in which its effects are prompt and admirable. From the observations which I have made, when it is employed, it is the sensible currents that are most useful. When it is so strong as to give shocks or severe pain, it often aggravates the neuralgic disease, and renders it more obstinate. I have found it also more serviceable in gastralgia and in enteralgia than in other forms. The apparatus I use in such cases, is very simple, a cylinder of zinc, about 3 or 4 inches long and $\frac{1}{4}$ of an inch in circumference, is introduced into the rectum; a silver oval plate is placed in the mouth, and the two are united by a silver wire. This apparatus is to be kept applied for an hour at a time, once or twice daily. It improves the digestive powers, and often obviates obstinate constipation. Galvanism has never relieved neuralgic pain fixed in the spine, or external fixed neuralgic pain, in my experiments with it.

Blisters, sinapisms and other painful remedies, applied so that the painful impression is transmitted through the *pained* nerve, always increases the suffering. On the contrary, soothing applications, camphorated, anodyne, and oleaginous liniments are to be preferred. The evaporating lotion made tepid, is more frequently alleviating, and pleasant as a local application than any other.

The influence of temperature is quite uncertain, and it is impossible to ascertain before hand, whether warmth or cold will prove the most preferable means. Sometimes warm applications increase the pain, cold then will generally relieve. When cold disagrees, warmth will relieve. I have known

ice applied, and suspend the pain immediately, but it again returned in a short period.

Gentle frictions with the hand, or some soft substance often soothes the acuteness of the pain, and renders it supportable. A gentleman from North Carolina, came to me labouring under a singular form of the disease. It alternated between the feet and the head. In the feet the pain was most acute. Frictions with the hand soothed its violence, and he had a servant whose sole occupation was to rub his master's feet. In an instant, the pain would cease in the feet and be transferred to the head. Here the feeling was as of an immense weight pressing and crushing down the head. His senses would become impaired, and he would continue repeating in rapid succession—"take that copper off my head"—struggling to relieve himself from his imagined burthen. This case was cured by large doses of quinia.

So embarrassing oftentimes is this class of affections, that it behoves us to have a vast number of resources at command. There is one mode of treatment which I have neglected to mention, which sometimes succeeds when all others have baffled us. It is the administration of arsenic. During the last summer, a very distressing case of neuralgia was relieved by Professor Chapman, on the exhibition of this remedy. A lady who had endured great mental distress was attacked with that form of the disease which I indicated to you, a violent pain at the extremity of the os coccygis. From this point, it irradiated up the whole spine, and thence over the body. The skin was so sensitive, that it was impossible to feel the pulse. All the usual remedies were tried without the slightest benefit. Day after day, day and night, was passed in agonising pain. Professor Chapman, who attended her with me, proposed trying Fowler's solution. It was accordingly done, and the dose augmented until a cholera morbus was induced. A large quantity of bilious matter, highly offensive to the smell, was ejected from the stomach, and the pain immediately ceased. Two weeks after, the symptoms re-appeared. The same mode of treatment was pursued with the same results, and permanent relief has continued since this last attack.

Sulphate of strychnia has also been recommended. This remedy acts on the spinal marrow, exciting the functions of the anterior columns, or segments of the spinal cord, and causing spasms. In his manner the posterior columns, or segments, may be relieved by a species of revulsion. I have twice made trial of it in bad cases. In one it entirely failed, after a long perseverance. In the other, partial relief was obtained. In both, the remedy was carried to the production of spasmodic contractions of the muscles.

Saturday, February 3d.—DR. HARLAN, whose tour of duty commenced this day, at 10 o'clock entered the lecture room and commenced:

GENTLEMEN:—In making my first appearance among you, in order to continue the clinical discourses to the end of the season, commenced by the Professor of Surgery in the University of Pennsylvania, I take occasion to remark, that the obser-

vations with which I shall occupy your attention will be entirely regulated by the nature of the cases which the wards of the hospital, consigned to my professional superintendence, present for treatment, believing as I do that, in a course of lectures strictly clinical, our remarks should be limited as far as possible to the history and treatment of the cases under immediate consideration.

Previously to entering upon the subjects of the present lecture, I beg leave to call your attention for a few moments, to the case of Clark, the coloured man, who, a few weeks since, was subjected to a most painful operation in the attempted removal of a tumour of the Antrum Highmorianum, implicating nearly the whole of the upper jaw. By the operator, my predecessor, you were duly informed at the time, of all the reasons which were supposed sufficiently urgent to authorize so important an undertaking. The fact that, as one of the consulting surgeons, I was opposed to the operation, was briefly stated. Under the conviction that the principle objects of a medical student are truth and knowledge, it becomes my duty to lay before you the arguments that induced me to oppose this, and which must influence me in all similar cases.

In the first place then, the extent, locality, and probable nature of the tumour appeared to me all in opposition to an operation. The tumour involved the antrum on both sides, and completely filled or obliterated the nasal cavities, causing also, extensive projections of the alveoli. Consequently a successful operation, or complete removal of the tumour, implied the destruction of the greater part of the face, especially of the organs of smell and of mastication, rendering life itself but a miserable boon, if finally preserved under such circumstances.

From the position of the tumour, such numerous and important arteries were involved, that the reiterated application of the actual cautery was rendered absolutely necessary, as the only means of obviating death from hemorrhage.

The nature of a tumour encased in bone, is of course, not so easily ascertained. From the history and progress of the disease, however, there was no reason to suspect it to be of a polypous nature, but the probability was in favour of its being of a more malignant nature, and involving more extensively the neighbouring tissues.

I had, further, seen two cases of a somewhat similar nature, but of less unpromising appearance, in which Drs. Physick and Parish were opposed to any surgical operation. From these, and other reasons, unnecessary now to detail, I was led to conclude that an operation in the present case was uncalled for, cruel in the first degree, as regards the patient's suffering, and opposed to the best interests of surgery, in as much as every operation unsuccessfully performed lessens the public estimation of the resources of our art, and deters remediable cases from timely application for surgical assistance.

To those members of the class who witnessed the operation, I need not dwell upon its appalling nature, the excruciating torments from red-hot pokers searing the lacerated throat, after the hammer and chissel had effected their purpose.

The sequence of the operation has more than

confirmed my worst anticipations. I am unable to perceive the least degree of benefit resulting or possible to result from it. Unless, indeed, raising the facial angle, and approaching it to that of the Caucasian be thought a paramount improvement: an honour, which I suppose but few Ethiopians would have the ambition to attain by similar means.

The case, however, is yet open to your inspection, and if the patient be not cut off by some acute disease, a consummation rather desirable—the tumour alone will soon terminate his existence, as it appears to be already encroaching on the basis of the skull. The fatal termination of such cases is generally induced by pressure on the brain.

Dr. H. here commented on what he termed theatrical and medical surgery. Surgical operations, particularly amputation of limbs, formerly justly ranked among the *opprobria medicorum* were now comparatively rare, with the most enlightened members of the profession. Any éclat to be gained by mere manual dexterity is, said he, but a poor compensation for the sacrifice either of the interests of the profession or of the patient. One sure professional principle clearly illustrated or established, deserves better of mankind than all the mere operators put together.

Disclaiming all personal allusions, he read some extracts from a late number of the *Medico Chirurgical Review*, in an article by the editor of that journal, cautioning the pupil against any attempts at theatrical display in an art, which is daily becoming more of a science.

Numerous cases of inflammation of the eye, both acute and chronic, with some of the results of this diseased action were displayed to the class; their history and treatment commented upon, Dr. H. referring to the next lecture for a more detailed account of the *methodus medendi*, &c.

A remarkably fair case of cauliflower excrescence on the neck and lower jaw, involving the submental and maxillary glands, of several inches in diameter, was displayed. The chloride of zinc was prescribed as a caustic, and alteratives internally—subject to be resumed at next lecture.

February 10th.—At 10 o'clock DR. HARLAN commenced: I shall to day, gentlemen, offer a few remarks upon some of the varieties of Ophthalmia. I shall confine my observations to the cases in the house, and thus render my lecture as much as practicable, purely clinical. I shall first speak of purulent ophthalmia; this has been called also Egyptian ophthalmia, from the great frequency of its occurrence in that country. It is a very violent and intractable affection, ending sometimes in disorganization of the eyes. The French army under Napoleon, when in Egypt, suffered very much from it. The causes of this form of ophthalmia are not all well ascertained. By some it has been attributed to the sand; small particles of fine sand get into the eye, irritating it and producing violent inflammation. This disease is not confined to Egypt, and prevails in other countries, where the same cause does not obtain. Larrey in his surgery makes a remark, which seems to me to bear on this subject. He says that those soldiers who slept with night

caps drawn over their eyes, escaped the affection. It is said that in those countries where purulent ophthalmia is endemic, that the inhabitants who dwell in closely built houses are exempt. From these facts I am inclined to believe that purulent or Egyptian ophthalmia is caused by absence of moisture in that country. A well attested fact in natural history, adds weight to this opinion; the camel, previous to sleeping at night, scrapes a hole in the sand, over which he lodges his head, which is thus exposed to the exhalations of moisture from the earth. This animal is known never to suffer from purulent ophthalmia. Just at this moment we do not happen to have many cases in the house, although it is not by any means an uncommon affection here.

It requires the most active treatment. The mucous membrane lining the eyelids and ball, is in a state of high and violent inflammation, which extends to the cornea, causing it to slough, and ends in the disorganization of the eye, and consequent loss of sight. The lids occasionally, are agglutinated together, and slough occurs within.

I think of all the methods of treatment, that by brisk purgatives is most to be relied on. Those which I prefer are the saline cathartics; keep up a constant drain from the bowels with these for the space of several days, and you will derive considerable benefit. To the use of purgatives must be conjoined more or less extensively, that of general and local bleeding.

[Dr. H. here exhibited several patients to the class.]

This, like all other inflammations, may arise from a local cause, and be connected with, and modified by a specific disease, as scrofula, lues venerea, &c. The purulent ophthalmia of negroes is almost always scrofulous.

After active depletion and purging we may have recourse to mild astringents, and the best of these is the sulphate of zinc. Zinc exercises a very peculiar effect on the mucous membranes, and may be used when no other astringent is admissible. In gonorrhea it may be employed during the existence of the ardor urinæ, giving ease and comfort to the patient. I use it combined with Armenian Bole and opium.

In venereal ophthalmia, where the conjunctiva are gorged with blood, I have found a strong solution of the nitrate of silver (15 grs. to aq. dist. $\mathfrak{f}\mathfrak{z}\mathfrak{i}$) to be of great service.

Adhesions sometimes occur between the iris and the adjacent tunics, constituting SYNECHIA,—anterior or posterior, as the attachment of the iris is to the cornea or to the Liris. In such cases we employ the extract of stramonium, which by causing dilatation of the pupil breaks up the connections. An alum curd is very often used with advantage in chronic ophthalmia. It is made by the coagulation of milk by alum, and applied to the eye for several hours, a piece of gauze intervening between the eye and curd.

This man came into the house with acute inflammation of the eyes and extensive ulcerations on the cornea. He is now suffering from entropion, not an uncommon result of external chronic inflammation. A contraction and twist of the ciliary

margins take place, and the edge of the lid is inverted, and the eye-lashes being brought constantly against the cornea, produce and keep up irritation. There have been various methods proposed to cure this disagreeable and troublesome deformity. Some cut a triangular piece out of the lid, and bring the edges of the wound together. I prefer to touch the exterior of the lid with a piece of red hot iron wire. The great contraction of the cicatrix of a burn is well known, and it is in this way a cure is effected.

The next case that I show you is a man who has just come into the house with fracture of the ribs. A spicula of bone has been driven in through the pleura, wounding the lung, and causing an escape of air into the cellular tissue of the body, and producing that condition called emphysema. You perceive that the swelling is not confined to one spot, but that it has diffused itself over the whole chest, and is extending throughout the body generally. I wish you to examine, after lecture, this patient particularly. The sensation communicated to the touch is peculiar and will not readily be forgotten. The sound which we hear on putting the ear close to the skin is crackling, and has improperly been styled a crepitus.

Hucksters are very much in the habit of making their poultry appear fat, by blowing up the cellular structure. Lean turkeys thus are made to assume the appearance of great plumpness.

Both surfaces of the pleura—the pleura costalis and the pleura pulmonalis, are wounded in this accident, and an artificial, or mechanical pleurisy is induced, and we are usually obliged to resort to bloodletting. In this case there is exhaustion of the system; the circulation is very feeble, the skin is, as you perceive livid, from retarded circulation.

I shall to this man's chest apply a bandage for a two fold reason—first to produce an absorption of the air lodged in the cellular tissue; and secondly, to prevent any action of the muscles of the chest, to paralyse these, and cause the patient to breathe by the diaphragm solely. I shall direct to be administered to him also, some carbonate of ammonia, as a gentle and excellent stimulant, his pulse being below par.

We had a similar case last week in the house which terminated fatally from serous effusion. The man had been bled very copiously before entering. This is often a very common cause of death in such cases, occurring in worn constitutions.

I now exhibit to you a specimen of cauliflower ulcer of the throat and lower jaw. I have applied to this a caustic composed of flour and chloride of zinc. This is a most excellent caustic application, and one which I frequently employ. It does not spread to the sound parts; it eats downwards and not laterally. It also possesses the power of coagulating the blood in the vessels, and prevents hemorrhage. A weak solution in water, is a good application to indolent ulcers, and you can apply it just as you would nitric acid, and on the same principle. You can make it of any strength. The usual strength is two parts flour to one of the zinc; it can be left on from twenty-four hours, to three days.

In one case in which I used it for the removal of a cancerous tumour in the axilla, it was followed by unpleasant consequences. The woman had a large open cancer of the breast also, the caustic was ap-

plied to the axillary tumour and a profuse hemorrhage occurred from a large vein.

The object of flour is to weaken the caustic, and also to give it consistence. The chloride of zinc is a very deliquescent salt. It does not act powerfully on the skin. I frequently make it up with my fingers without their suffering. Indeed, in cases where the integrity of the skin exists, you must first apply a blister, and remove the cuticle, before the caustic will act. The application may be made of any thickness, proportionate to the effect to be produced, from one to five lines. Within the last twelve months I have resorted very frequently to this caustic, for the removal of cancerous ulcers and schirrhous, agreeably to the mode detailed by Dr. Canquoin in his memoir on this subject, but regret to say, not by any means with the success which his statements led us to anticipate. The same results occurred in the hands of Dr. Ashmead, who used this caustic very extensively. In most, if not all of his cancerous cases, in which this caustic was applied, the disease returned.

CLINICAL REPORTS.

PENNSYLVANIA HOSPITAL.

*Operation for varicose veins, by T. HARRIS, M. D.
Surgeon to the hospital.*

The subject was 66 years of age, and had suffered from leg ulcers for five years, which had been preceded for two years, by a varicose condition of the veins.

Saturday, 3d February, the man was introduced into the amphitheatre, and stood upon the table. A fold of skin over the saphena vein, where it passes over the knee-joint, was held up by an assistant, and a bistoury passed through, dividing the skin and cellular substance down to the vein. A needle, armed with a ligature, was passed under the vein, which was drawn out, and a piece of it, half an inch in length, removed. A firm compress was placed above and below the orifice, the edges of the wound drawn together by adhesive plaster, and a bandage applied from the toes up to above the knee. The man was put to bed, and the limb placed in a long fracture box. The bandage was not removed for a week. At the end of that time, the wound was lightly touched with nitrate of silver, and *Wednesday, 21st*, it had entirely healed. The veins are still visible through the skin, though considerably reduced in size. Bandage still applied.

List of Accidents admitted into the Pennsylvania Hospital, from February 7th to February 14th, 1838.

One contusion of the hip, discharged four days after at his own request, one bite of a dog, one fracture of the tibia and fibula, and one of the acromion scapulæ in a female.

The fracture of the radius, in a boy, mentioned in No. 3, was discharged, cured in 20 days. The fractured rib, complicated with wound of the lung, admitted on the 14th ultimo, (see No. 3,) was discharged, cured in 32 days. The contusion of the side, admitted on the 23d January, was discharged, cured in 29 days. The case of fractured fibulæ admitted on the 18th January, was discharged, cured in 34 days.

POSTSCRIPT.

The lecture, delivered by Dr. Gibson, on Saturday, 24th February, he has requested us to report in the present number of the Examiner. As the Doctor intended it as a reply to the clinical remarks of Dr. Harlan, uttered a fortnight previously, and appealed to us to insert it side by side with them, we have given it place, to the exclusion of the foreign and domestic summaries, which were in type. We ask attention to the editorial remarks, which will be found in another column, and venture to express a hope, that we may not have occasion hereafter to exclaim with poor Mercutio, "a plague o' both the houses."

PHILADELPHIA HOSPITAL.

Saturday, 24th February. At half past eleven, Dr. GIBSON appeared in the amphitheatre, having, as he remarked, obtained the use of the lecture-room, for a few minutes, from Dr. Jackson. You may remember, gentlemen, said he, that upon taking leave of you, sometime since, I promised to retain two or three interesting cases and present them to your notice, at a future period. The two cases I now show you are those of ulcerated lip and osteo-sarcomatous jaw. With the history of both you are well acquainted. I first call your attention to the ulcerated lip. You see a decided and evident amendment, produced by the constitutional remedy, administered some weeks ago, and continued up to this time, viz. Marks' Extract of Sarsaparilla, and also by the local application of chloride of zinc. The sore has nearly healed, and the portion of the ulcer, confined to the lower lip, entirely closed.

I next call your attention, gentlemen, to another theme,—the osteo-sarcomatous jaw, and certain circumstances connected with it. I deeply regret, that I had not the good fortune to listen to the *introductory* lecture of my distinguished colleague, whose interesting *valedictory* you have just heard, with so much patience and pleasure, whose acknowledged talent, and whose brilliant display of eloquence have enchained your attention, for the last few weeks. Could it be otherwise, than that such a voice, loud and sonorous, peculiarly musical in its tone, clear and delightful in its cadence, should fall upon your ear, with all the harmony of sympathetic association? We feel peculiarly happy, gentlemen, in bearing testimony to the merits of our colleague, and have no doubt that the managers have retained his important services, in this great establishment, for the purpose of attracting to it full classes, such as I have the honour to be surrounded by, at this moment,—well knowing that his fine elocution, great experience as a surgeon, extraordinary intellectual endowments, and most amiable disposition, could not fail to produce such a result. Not only, indeed, is he distinguished in his particular vocation, but he has decided advantages over his less fortunate brethren, in being acknowledged, both in this country and in Europe, as profoundly acquainted with natural philosophy, natural history, in all its branches, and, more especially, with ornithology, zoology, conchology, entymology, astrology and demonology.

That he stands unrivalled as an ornithologist, on this side of the Atlantic, is abundantly proved by

the fact, that the celebrated Audubon has named the finest bird that ever sailed over the tops of the lofty forests of our western wilds—the "*Falco Harlanus*, or Black Warrior,"—after our distinguished colleague and friend. His large and splendid volume, too, on newts and frogs, toads and beetles, lizards and snakes, intermingled, most naturally, with aneurisms and tumours, fistulæ and strictures, written, indeed, "*de omnibus rebus et quibusdam aliis*," affords additional testimony of his industry and talents. I sincerely hope that the gentleman is not at this moment snugly ensconced behind the barriers of the upper benches; for knowing, as I well do, his extreme modesty, meekness and humility, his tender sensibilities could not fail, I am sure, to be shocked by praise of this public description.

After thus acknowledging, gentlemen, the merits of our accomplished colleague, need I, as an atonement for error, tell you, in the language of O'Connell, that you have been "cheated, and humbugged, and bamboozled," by Drs. Horner, Pancoast, and myself; that, from ignorance, and want of anatomical and surgical knowledge, we have committed a flagrant outrage, and performed a most severe and cruel operation upon the unfortunate human being, now before you; that we have used horrid, crooked knives, gouges, chisels, and mallets, and saws, and used them unrelentingly and ferociously, and that we have even applied the flaming cautery to the delicate and sensitive alveolar processes, and to the enamel of the teeth, while he himself would not even touch with it, so insensible a structure as the human eye or eye-lid. You will remember, no doubt, in how awkward a manner, I used these ungainly implements, and how near I came, by this awkwardness, to singing the eye-brows of my worthy colleague, while he was scientifically exploring the cells and caverns of the tumour, as I quarried it from its bed. You see that we three culprits have confounded this malignant fungus of the antrum, with osteo-sarcoma of the jaw. You see that we have all been mistaken in our diagnosis, and, in proof of it, you see, in the unfortunate being before you, how the tumour, as large as a cocoa-nut, projects beyond the face, how the eye is squeezed out of its socket, how the mouth is filled, and the patient's breathing embarrassed by a voluminous fungus from the antrum and the throat, how he is reduced to a skeleton, and so weak, that he can not sit upright on the chair, which possibly he will never leave alive.

Knowing all these things then, was it not kind, very kind, on the part of our amiable and humane colleague, to visit privately this poor and friendless being, and remonstrate with the house physicians against our proposed operation, and not only so, but, in the pure spirit of philanthropy and humanity, to appeal to the better feelings of the managers themselves, and put a stop to such contemplated atrocities. That a stop was put to them, for a time, you also know, and well had it been for us all, for the honor of this great house, and for the credit of human nature, that they had been stopped altogether. But it was far otherwise, and it shall be the business of our lives, gentlemen, to atone for the manifold sins we have committed. All that we ask is forgiveness of these sins, and, under a promise of doing better in future, that our "*Warrior Eagle*," in all the nobleness of his nature, will still "suffer little birds to sing."